

Health Permit Application

Erie County Department of Health
Environmental Health Services (858-6089)

For Agency Use Only

Permit #	508 Type	Sub Type	CT	District	Per. Date	Exp. Date

This application must be submitted at least 21 days before the start of operation or prior to the expiration of the existing permit. **Operation of a regulated facility without a valid permit is a violation of the Sanitary Codes. This application is not a permit.**

To be completed by the Operator - **Complete only new or revised data:**

Facility Name: _____ Phone: _____

Facility Address: _____

City, Town: _____ State: _____ Zip Code: _____

City, Town where facility is located: _____

Operator (Corporation must use Corporate Name): _____

Agent/Corporation President: _____

Operator Address: _____ Phone: _____

City, Town, State, Zip Code: _____

Social Security/EIN No. _____

Facilities Included in this Application.

Billing Address:

1

1

TOTAL FEE DUE \$

1

1

Signature of Operator _____

Date _____ Title _____

OVER

Mark "X" under days operating

Indicate normal hours of operation

S	M	T	W	Th	F	S	Open	Close
							a.m. or p.m.	a.m. or p.m.

If this application is approved, the undersigned applicant hereby agrees to operate the facility, as described in the Health Permit Application, in complete compliance to the New York State Sanitary Code and any other rules, codes, regulations applicable to its operation. Applicant also acknowledges that worker's compensation and disability are in force as required.

Send completed application and fee to:

Erie County Health Department
95 Franklin Street - Room 906
Buffalo, New York 14202

PLEASE MAKE CHECK PAYABLE TO "COMMISSIONER OF FINANCE"

Organizations wishing to qualify for fee exemption, must also fill out this portion:

FEE WAIVER REQUEST

I certify the above named organization is (*circle one*):

Charitable Philanthropic Religious Municipal Corp.

The New York State Tax exempt number _____

The Federal Tax ID number is _____

I further certify that I am a duly authorized representative of said organization and am empowered to act on behalf of said organization in this matter.

This instrument is offered for filing, in the records of the Erie County Department of Health, in order to secure exemption from otherwise applicable fees. Knowingly false statements or information contained in this instrument are punishable as a felony under New York State Penal Law.

Signed _____ Date _____

Title _____

*PHILANTHROPIC is a not-for-profit organization whose primary purpose is to provide a recognized beneficial service to the community and contributions to the organization are tax deductible.